



Signatures

I/We understand that by submitting this application I am/we are declaring under penalty of perjury that I/we have examined all the information on this form and it is true and correct to the best of my/our knowledge. I/We understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both. I/We understand that the Social Security Administration (SSA) will check my/our statements and compare its records with records from Federal, State, and local government agencies, including the Internal Revenue Service to make sure the determination is correct. By submitting this application I am/we are authorizing SSA to obtain and disclose information related to my/our income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about my/our wages, account balances, investments, insurance policies, benefits, and pensions. **Please complete Section A. If you cannot sign, a representative may sign for you. If someone assisted you, complete Section B as well.**

SECTION A

Your Signature:	Your Spouse's Signature:	Phone Number: () —	
Your Home Street Address:		Apt. #:	
City:		State:	Zip Code:
Your Mailing Street Address (if different from home address):		Apt. #:	
City:		State:	Zip Code:

If you recently changed your address, put an ☒ here: ☐

If you would prefer that we contact someone else if we have additional questions, please provide the person's name and a daytime phone number.

Print First Name:	Print Last Name:	Phone Number: () —
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SECTION B

If you are assisting someone else, place an ☒ in the box that describes who you are and provide your daytime phone number and address.

<input type="checkbox"/> Family Member	<input type="checkbox"/> Attorney	<input type="checkbox"/> Other Advocate	<input type="checkbox"/> Other Specify: _____
<input type="checkbox"/> Friend	<input type="checkbox"/> Agency	<input type="checkbox"/> Social Worker	_____

Print First Name:	Print Last Name:	Phone Number: () —	
Street Address:		Apt. #:	
City:		State:	Zip Code: